

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different  
than previously  
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Adam Swartz

Signature of Treasurer

Electronically Filed by Mr. Adam Swartz

Date

07

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 67

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	31882.17
(b) Cash on Hand at Beginning of Reporting Period .....	77239.77	
(c) Total Receipts (from Line 19) .....	56877.52	132633.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	134117.29	164515.74
7. Total Disbursements (from Line 31) .....	68760.91	99159.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65356.38	65356.38
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 67

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	44657.86	100925.26
(ii) Unitemized .....	12207.59	31059.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	56865.45	131984.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	56865.45	131984.77
12. Transfers From Affiliated/Other Party Committees .....	0.00	629.73
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12.07	19.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56877.52	132633.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56877.52	132633.57

## DETAILED SUMMARY PAGE

of Disbursements

4 / 67

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	110.91	264.36	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	110.91	264.36	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	67400.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	26650.00	31495.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68760.91	99159.36	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68760.91	99159.36	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 67

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	56865.45	131984.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56865.45	131984.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	110.91	264.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	110.91	264.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 3523 East Manitou Circle

City

Muskegon

State

MI

Zip Code

49441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.30

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31733

Amount of Each Receipt this Period

299.50

Bi-weekly payroll deducti-  
on \$44 /pay

**B.**

Full Name (Last, First, Middle Initial)

Ms Gayla M. Adams

Mailing Address 239 County Rd 4328

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Holiday

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31734

Amount of Each Receipt this Period

104.60

Bi-weekly payroll deducti-  
on \$26.15 /pay

**C.**

Full Name (Last, First, Middle Initial)

Pauletta Adams

Mailing Address 1303 Temple Hills Drive

City

Laguna Beach

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

General Manager - HHHH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31604

Amount of Each Receipt this Period

2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2404.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.31736

Amount of Each Receipt this Period

600.00

Bi-weekly payroll deducti-  
on \$100 /pay

**B.**

Full Name (Last, First, Middle Initial)

Michael Armstrong

Mailing Address 115 N. Remington Rd.

City

Bexley

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31739

Amount of Each Receipt this Period

149.40

Bi-weekly payroll deducti-  
on \$24.90 /pay

**C.**

Full Name (Last, First, Middle Initial)

Deborah A Arrendale

Mailing Address 7100 Sunshine Skyway Lane South  
#401

City

St. Petersburg

State

FL

Zip Code

33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

4H East Div. General Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31741

Amount of Each Receipt this Period

583.73

Bi-weekly payroll deducti-  
on \$61.32 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1333.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Paul J Barber

Mailing Address 6240 N. Broadway

City

Freeport

State

MI

Zip Code

49325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

304.59

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31747

Amount of Each Receipt this Period

138.45

Bi-weekly payroll deducti-  
on \$27.69 /pay

B.

Full Name (Last, First, Middle Initial)

Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

AVP - Quality Support Svcs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

321.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32137

Amount of Each Receipt this Period

321.06

Bi-weekly payroll deducti-  
on \$53.51 /pay

C.

Full Name (Last, First, Middle Initial)

Suzanne L Baron

Mailing Address 134 Lakeshore Dr. #414

City

North Palm Beach

State

FL

Zip Code

33408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31751

Amount of Each Receipt this Period

95.38

Bi-weekly payroll deducti-  
on \$15.38 /pay

SUBTOTAL of Receipts This Page (optional) .....

554.89

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph A Barrick

Mailing Address 448 Woodcrest Dr

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

328.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: SA11AI.31752

Amount of Each Receipt this Period

166.14

Bi-weekly payroll deducti-  
on \$27.69 /pay**B.**

Full Name (Last, First, Middle Initial)

Charles Batchner

Mailing Address 910 Orchard Drive

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

243.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: SA11AI.31754

Amount of Each Receipt this Period

243.66

Bi-weekly payroll deducti-  
on \$40.61 /pay**C.**

Full Name (Last, First, Middle Initial)

Julie A Beckert

Mailing Address 3911 Buell Ave

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Dir. Marketing/Communications

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

529.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Transaction ID: SA11AI.31756

Amount of Each Receipt this Period

280.00

Bi-weekly payroll deducti-  
on \$40 /pay

SUBTOTAL of Receipts This Page (optional) .....

689.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Katherine Benkowski

Mailing Address 9811 Perfect Drive

City

Port St. Lucie

State

FL

Zip Code

34986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Manager of Clinical Education

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.31631

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jean Tina Blahofski

Mailing Address 6023 Amelia Terrace Court

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31759

Amount of Each Receipt this Period

125.00

Bi-weekly payroll deducti-  
on \$25 /pay

C.

Full Name (Last, First, Middle Initial)

Kari Boice

Mailing Address 40110 20th Place East

City

Makka City

State

FL

Zip Code

34251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

486.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.31760

Amount of Each Receipt this Period

221.15

Bi-weekly payroll deducti-  
on \$44.23 /pay

SUBTOTAL of Receipts This Page (optional) .....

1346.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

James R Bolton

Mailing Address 2209 Bayward Blvd

City

Wilmington

State

DE

Zip Code

19802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31762

Amount of Each Receipt this Period

142.28

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Pamella S Britt

Mailing Address 27135 State Rt 49

City

Potomac

State

IL

Zip Code

61865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31768

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-  
on \$50 /pay

**C.**

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 3908 Tricking Brook Dr.

City

Richmond

State

VA

Zip Code

23228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31773

Amount of Each Receipt this Period

269.22

Bi-weekly payroll deducti-  
on \$38.46 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

711.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Candace Burks-McCoy

Mailing Address 6115 North Ridge Road

City

Ft. Worth

State

TX

Zip Code

76135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31774

Amount of Each Receipt this Period

211.00

Bi-weekly payroll deducti-  
on \$31 /pay

**B.**

Full Name (Last, First, Middle Initial)

Charlie Byrne

Mailing Address 4685 Rio Poco Ct

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31776

Amount of Each Receipt this Period

322.00

Bi-weekly payroll deducti-  
on \$46 /pay

**C.**

Full Name (Last, First, Middle Initial)

Shirley D Cabildo

Mailing Address 38 Bentley Court

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31777

Amount of Each Receipt this Period

269.22

Bi-weekly payroll deducti-  
on \$38.46 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

802.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Vice President, Operations Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31785

Amount of Each Receipt this Period

1346.17

Bi-weekly payroll deducti-  
on \$192.31 /pay

**B.**

Full Name (Last, First, Middle Initial)

Karen R Clark

Mailing Address 707 W. Burton

City

Nevada

State

MO

Zip Code

64772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31790

Amount of Each Receipt this Period

129.78

Bi-weekly payroll deducti-  
on \$21.63 /pay

**C.**

Full Name (Last, First, Middle Initial)

Lenette A Clark

Mailing Address 1259 Tower Court

City

Bourbannais

State

IL

Zip Code

60914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31791

Amount of Each Receipt this Period

237.19

Bi-weekly payroll deducti-  
on \$34.65 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1713.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Rosmary Conroy

Mailing Address 7002 Franklin Road

City

Mars

State

PA

Zip Code

16046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31794

Amount of Each Receipt this Period

140.00

Bi-weekly payroll deducti-  
on \$20 /pay

**B.**

Full Name (Last, First, Middle Initial)

Ms Pamela Cox

Mailing Address 6238 Shadowood Circle

City

Naples

State

FL

Zip Code

34112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.31796

Amount of Each Receipt this Period

120.00

Bi-weekly payroll deducti-  
on \$30 /pay

**C.**

Full Name (Last, First, Middle Initial)

Ms. Cecilia Credille

Mailing Address 534 Hevern Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.31632

Amount of Each Receipt this Period

800.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Lynn Creighton

Mailing Address 200 Commonwealth Dr.

City

Bolingbrook

State

IL

Zip Code

60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31797

Amount of Each Receipt this Period

108.64

Bi-weekly payroll deducti-  
on \$15 /pay

**B.**

Full Name (Last, First, Middle Initial)

Victoria A Crenshaw

Mailing Address 736 Virginia Dare Dr

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31798

Amount of Each Receipt this Period

234.16

Bi-weekly payroll deducti-  
on \$58.54 /pay

**C.**

Full Name (Last, First, Middle Initial)

Johanna J Crowder

Mailing Address 31524 Delaware

City

Livonia

State

MI

Zip Code

48150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31799

Amount of Each Receipt this Period

243.84

Bi-weekly payroll deducti-  
on \$38.46 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

586.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Karen L Davidson

Mailing Address 612 W. Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Dir^ Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31804

Amount of Each Receipt this Period

389.00

Bi-weekly payroll deducti-  
on \$56 /pay

**B.**

Full Name (Last, First, Middle Initial)

Janet E Diehl

Mailing Address 3903 BARBARA ANN DRIVE

City

MONROEVILLE

State

PA

Zip Code

15146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Dir of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31813

Amount of Each Receipt this Period

462.90

Bi-weekly payroll deducti-  
on \$46.29 /pay

**C.**

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31818

Amount of Each Receipt this Period

1153.80

Bi-weekly payroll deducti-  
on \$192.31 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

2005.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31823

Amount of Each Receipt this Period

190.00

Bi-weekly payroll deducti-  
on \$30 /pay

**B.**

Full Name (Last, First, Middle Initial)

Mr. R. Michael Ferguson

Mailing Address 2450 Underhill Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Vice President, Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31826

Amount of Each Receipt this Period

384.60

Bi-weekly payroll deducti-  
on \$76.92 /pay

**C.**

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31833

Amount of Each Receipt this Period

385.76

Bi-weekly payroll deducti-  
on \$50 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

960.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Jamie Fox

Mailing Address 705A Allentown Rd

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.89

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31835

Amount of Each Receipt this Period

160.11

Bi-weekly payroll deducti-  
on \$23.08 /pay

**B.**

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City

Wyomising

State

PA

Zip Code

19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31837

Amount of Each Receipt this Period

164.90

Bi-weekly payroll deducti-  
on \$23.59 /pay

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary T. Geise

Mailing Address 825 Ashbury Dr.

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.79

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31842

Amount of Each Receipt this Period

141.93

Bi-weekly payroll deducti-  
on \$47.31 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

466.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Delbert E Gilman

Mailing Address 18600 E Wilshire

City

Jones

State

OK

Zip Code

73049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31844

Amount of Each Receipt this Period

184.24

Bi-weekly payroll deducti-  
on \$26.32 /pay

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

VP Sales & Mkting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32146

Amount of Each Receipt this Period

399.00

Bi-weekly payroll deducti-  
on \$57 /pay

**C.**

Full Name (Last, First, Middle Initial)

James Grady

Mailing Address 1311 Old Taylor Trail

City

Goshen

State

KY

Zip Code

40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31853

Amount of Each Receipt this Period

335.65

Bi-weekly payroll deducti-  
on \$57 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

918.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31854

Amount of Each Receipt this Period

455.00

Bi-weekly payroll deducti-  
on \$65 /pay

**B.**

Full Name (Last, First, Middle Initial)

Stephen L Guillard

Mailing Address 217 Garden St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31860

Amount of Each Receipt this Period

961.49

Bi-weekly payroll deducti-  
on \$192.25 /pay

**C.**

Full Name (Last, First, Middle Initial)

Jill L Hale

Mailing Address 366 Burlington Rd

City

Jackson

State

OH

Zip Code

45640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31864

Amount of Each Receipt this Period

140.00

Bi-weekly payroll deducti-  
on \$20 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1556.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Harris

Mailing Address 25536 Seminary Rd

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

AVP Dir of Tech Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32149

Amount of Each Receipt this Period

280.00

Bi-weekly payroll deducti-  
on \$40 /pay

**B.**

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31869

Amount of Each Receipt this Period

171.30

Bi-weekly payroll deducti-  
on \$28.55 /pay

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31870

Amount of Each Receipt this Period

403.83

Bi-weekly payroll deducti-  
on \$57.69 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

855.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Tammy R Hempfling

Mailing Address 301 Broadhead

City

Midland

State

MI

Zip Code

40642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.59

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.31872

Amount of Each Receipt this Period

181.59

Bi-weekly payroll deducti-  
on \$22.54 /pay

**B.**

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31874

Amount of Each Receipt this Period

343.00

Bi-weekly payroll deducti-  
on \$49 /pay

**C.**

Full Name (Last, First, Middle Initial)

Donnett H Henry

Mailing Address 7531 Plantation

City

Mirimar

State

FL

Zip Code

33023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31875

Amount of Each Receipt this Period

108.90

Bi-weekly payroll deducti-  
on \$18.15 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

633.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary I Herman

Mailing Address 418 Highland Ave. RR#5

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31876

Amount of Each Receipt this Period

172.20

Bi-weekly payroll deducti-  
on \$28.70 /pay

**B.**

Full Name (Last, First, Middle Initial)

Ms Theresa Heyde

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31878

Amount of Each Receipt this Period

230.00

Bi-weekly payroll deducti-  
on \$30 /pay

**C.**

Full Name (Last, First, Middle Initial)

Scott Hochstadt

Mailing Address 24106 Nottingham Ave

City

Plainfield

State

IL

Zip Code

60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.31880

Amount of Each Receipt this Period

106.60

Bi-weekly payroll deducti-  
on \$21.32 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

508.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon R Holmes

Mailing Address 3207 N. 27th St.

City

Tacoma

State

WA

Zip Code

98407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator in Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31886

Amount of Each Receipt this Period

156.52

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31888

Amount of Each Receipt this Period

630.00

Bi-weekly payroll deducti-  
on \$90 /pay

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31889

Amount of Each Receipt this Period

500.00

Bi-weekly payroll deducti-  
on \$100 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1286.52

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia Hudson

Mailing Address 1333 Cromly Ct.

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Reg. Director of 4H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.60

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.31891

Amount of Each Receipt this Period

172.24

Bi-weekly payroll deducti-  
on \$21.53 /pay

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Hutchison

Mailing Address 2692 Elton Circle

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director Human Resources Ops Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31893

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on \$20 /pay

**C.**

Full Name (Last, First, Middle Initial)

Timothy J Irwin

Mailing Address 1497 Calloway Ct.

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.31894

Amount of Each Receipt this Period

230.85

Bi-weekly payroll deducti-  
on \$46.15 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

503.09

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.31900

Amount of Each Receipt this Period

257.65

Bi-weekly payroll deducti-  
on \$51.53 /pay**B.**

Full Name (Last, First, Middle Initial)

Nancy E Johnson

Mailing Address 4266 Shire Landing

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	0

Transaction ID: SA11AI.31903

Amount of Each Receipt this Period

104.96

Bi-weekly payroll deducti-  
on \$52.48 /pay**C.**

Full Name (Last, First, Middle Initial)

Robert G Julius

Mailing Address P O Box 538  
Int. Train/Ctrl SVC 7

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.31906

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-  
on \$30 /pay**SUBTOTAL** of Receipts This Page (optional) .....

572.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth M Kaczor

Mailing Address 1689 Rauch Rd

City

State

Zip Code

Temperance

MI

48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

AVP HR Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.31908

Amount of Each Receipt this Period

192.34

Bi-weekly payroll deducti-  
on \$38.46 /pay

**B.**

Full Name (Last, First, Middle Initial)

Susan M Kalas

Mailing Address 10839 Cambria Ct.

City

State

Zip Code

Huntley

IL

60142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31909

Amount of Each Receipt this Period

124.56

Bi-weekly payroll deducti-  
on \$15 /pay

**C.**

Full Name (Last, First, Middle Initial)

Linda Karling-Lott

Mailing Address 5 Palace Green Place

City

State

Zip Code

Atlanta

GA

30318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31911

Amount of Each Receipt this Period

196.50

Bi-weekly payroll deducti-  
on \$32.75 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

513.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Kathy Karr

Mailing Address 4430 Woodfield Drive

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31912

Amount of Each Receipt this Period

119.00

Bi-weekly payroll deducti-  
on \$17 /pay

**B.**

Full Name (Last, First, Middle Initial)

Courtney L Kasper

Mailing Address 2750 CR 110

City

Georgetown

State

TX

Zip Code

78626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.31913

Amount of Each Receipt this Period

115.36

Bi-weekly payroll deducti-  
on \$28.84 /pay

**C.**

Full Name (Last, First, Middle Initial)

Anthony J. Keelin

Mailing Address 2208 26th Avenue South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Fargo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.31915

Amount of Each Receipt this Period

150.00

Bi-weekly payroll deducti-  
on \$30 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

384.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Dan Kight

Mailing Address 2013 Orchard Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Mgr^ Pharmacy Ops Sppt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.31919

Amount of Each Receipt this Period

192.34

Bi-weekly payroll deducti-  
on \$38.46 /pay

**B.**

Full Name (Last, First, Middle Initial)

Vivian Kiraly

Mailing Address 103 Kama Lane

City

Cross Lanes

State

WV

Zip Code

25313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31920

Amount of Each Receipt this Period

175.00

Bi-weekly payroll deducti-  
on \$25 /pay

**C.**

Full Name (Last, First, Middle Initial)

Andrew Koha

Mailing Address 7620 Isaac Drive

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

RDO - Central 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31923

Amount of Each Receipt this Period

350.00

Bi-weekly payroll deducti-  
on \$50 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

717.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City

Saline

State

MI

Zip Code

48176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR. Manor Care, Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31930

Amount of Each Receipt this Period

163.46

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Ms Amanda LaPorte

Mailing Address 183 Iron Run Rd

City

Bethel Park

State

PA

Zip Code

15102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation

RDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.32215

Amount of Each Receipt this Period

400.00

Credit Card Contribution -  
MC

**C.**

Full Name (Last, First, Middle Initial)

Barry A Lazarus

Mailing Address 2629 Liverpool Ct

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

VP^ Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31933

Amount of Each Receipt this Period

539.00

Bi-weekly payroll deducti-  
on \$77 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1102.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah Lewis

Mailing Address 2432 21st Street

City

Wyandotte

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31936

Amount of Each Receipt this Period

265.38

Bi-weekly payroll deducti-  
on \$44.23 /pay

**B.**

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31943

Amount of Each Receipt this Period

322.00

Bi-weekly payroll deducti-  
on \$46 /pay

**C.**

Full Name (Last, First, Middle Initial)

Sephanie M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City

Northville

State

MI

Zip Code

48168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.34

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31946

Amount of Each Receipt this Period

104.70

Bi-weekly payroll deducti-  
on \$17.45 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

692.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

946.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31958

Amount of Each Receipt this Period

484.61

Bi-weekly payroll deducti-  
on \$69.23 /pay

**B.**

Full Name (Last, First, Middle Initial)

Jill Matelan

Mailing Address 700 Golden Drive

City

Blandon

State

PA

Zip Code

19510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

357.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31959

Amount of Each Receipt this Period

194.99

Bi-weekly payroll deducti-  
on \$27.98 /pay

**C.**

Full Name (Last, First, Middle Initial)

William J McDaniel II

Mailing Address 7420 Nightingale Dr. #13

City

Holland

State

OH

Zip Code

45328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

286.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31961

Amount of Each Receipt this Period

139.42

Bi-weekly payroll deducti-  
on \$16.87 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

819.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31966

Amount of Each Receipt this Period

1346.17

Bi-weekly payroll deducti-  
on \$192.31 /pay

**B.**

Full Name (Last, First, Middle Initial)

William Milianes

Mailing Address 169 Sheridan Ave.

City

Ho Ho Kus

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.31970

Amount of Each Receipt this Period

82.52

Bi-weekly payroll deducti-  
on \$20.63 /pay

**C.**

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31973

Amount of Each Receipt this Period

357.72

Bi-weekly payroll deducti-  
on \$51.35 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1786.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael D Mobley

Mailing Address 8021 Vegas Court

City

West Chester

State

OH

Zip Code

45069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.31674

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Morey

Mailing Address 700 Hunters Road

City

Mohnton

State

PA

Zip Code

19540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.31978

Amount of Each Receipt this Period

275.00

Bi-weekly payroll deducti-  
on \$55 /pay**C.**

Full Name (Last, First, Middle Initial)

Martha E Mosley

Mailing Address 2116 11th St.

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.31980

Amount of Each Receipt this Period

105.00

Bi-weekly payroll deducti-  
on \$26.25 /pay

SUBTOTAL of Receipts This Page (optional) .....

630.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah T Mullane

Mailing Address 808 Latshaw Rd.

City

Spring City

State

PA

Zip Code

19475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31982

Amount of Each Receipt this Period

110.63

Bi-weekly payroll deducti-  
on \$16.61 /pay

**B.**

Full Name (Last, First, Middle Initial)

Melinda K Muller

Mailing Address 31682 Corte Encinas

City

Temecula

State

CA

Zip Code

92592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.31983

Amount of Each Receipt this Period

210.00

Bi-weekly payroll deducti-  
on \$35 /pay

**C.**

Full Name (Last, First, Middle Initial)

Kevin Murphy

Mailing Address 6751 Hamsford Circle

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Dir of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31986

Amount of Each Receipt this Period

130.00

Bi-weekly payroll deducti-  
on \$10 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

450.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Terrance Murphy

Mailing Address 2379 Schaffer Road

City

Pottstown

State

PA

Zip Code

19464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.46

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31987

Amount of Each Receipt this Period

189.80

Bi-weekly payroll deducti-  
on \$27.12 /pay

**B.**

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR. Manor Care, Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.74

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31990

Amount of Each Receipt this Period

629.86

Bi-weekly payroll deducti-  
on \$89.98 /pay

**C.**

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31991

Amount of Each Receipt this Period

669.20

Bi-weekly payroll deducti-  
on \$76.92 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1488.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31996

Amount of Each Receipt this Period

403.83

Bi-weekly payroll deducti-  
on \$57.69 /pay

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1624.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31997

Amount of Each Receipt this Period

879.82

Bi-weekly payroll deducti-  
on \$129.81 /pay

**C.**

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.31998

Amount of Each Receipt this Period

1152.00

Bi-weekly payroll deducti-  
on \$192 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

2435.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen S Petyko

Mailing Address 14108 Doffin Street

City

Cedar Lake

State

IN

Zip Code

46303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.32000

Amount of Each Receipt this Period

115.30

Bi-weekly payroll deducti-  
on \$28.75 /pay

B.

Full Name (Last, First, Middle Initial)

Luke T Pile

Mailing Address 6690 Hauser Rd C-205

City

Macungie

State

PA

Zip Code

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.32002

Amount of Each Receipt this Period

112.50

Bi-weekly payroll deducti-  
on \$22.50 /pay

C.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32003

Amount of Each Receipt this Period

458.49

Bi-weekly payroll deducti-  
on \$65.58 /pay

SUBTOTAL of Receipts This Page (optional) .....

686.29

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael J Reed

Mailing Address 3899 Midshore Drive

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.32009

Amount of Each Receipt this Period

961.49

Bi-weekly payroll deducti-  
on \$192.25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32011

Amount of Each Receipt this Period

257.62

Bi-weekly payroll deducti-  
on \$37 /pay

**C.**

Full Name (Last, First, Middle Initial)

Deborah A Reitz

Mailing Address 4312 Shangri La Rd.

City

Stewartstown

State

PA

Zip Code

17363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32012

Amount of Each Receipt this Period

287.50

Bi-weekly payroll deducti-  
on \$50 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1506.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

VP Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1696.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32013

Amount of Each Receipt this Period

1319.22

Bi-weekly payroll deducti-  
on \$188.46 /pay

**B.**

Full Name (Last, First, Middle Initial)

Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32019

Amount of Each Receipt this Period

205.00

Bi-weekly payroll deducti-  
on \$25 /pay

**C.**

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32020

Amount of Each Receipt this Period

266.00

Bi-weekly payroll deducti-  
on \$38 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

1790.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Lynette M Rugg

Mailing Address 1348 Oakland Circle

City

N. Aurora

State

IL

Zip Code

60542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32023

Amount of Each Receipt this Period

205.03

Bi-weekly payroll deducti-  
on \$28.06 /pay

**B.**

Full Name (Last, First, Middle Initial)

Richard G Rump

Mailing Address 2423 Heather Glen Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Dir^ Corporate Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32024

Amount of Each Receipt this Period

376.95

Bi-weekly payroll deducti-  
on \$53.85 /pay

**C.**

Full Name (Last, First, Middle Initial)

Angela G Russo

Mailing Address 4950 Cypress Pike Circle  
Unit 101

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Gen Mgr Central Div 4H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32025

Amount of Each Receipt this Period

307.00

Bi-weekly payroll deducti-  
on \$31 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

888.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

David A Saunders

Mailing Address 14661 Bellino Terrace Unit 202

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

329.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32028

Amount of Each Receipt this Period

177.66

Bi-weekly payroll deducti-  
on \$25.38 /pay

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.32030

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on \$25 /pay

**C.**

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northhampton

State

PA

Zip Code

18067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

331.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32031

Amount of Each Receipt this Period

175.96

Bi-weekly payroll deducti-  
on \$25 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

453.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth P Schuster

Mailing Address 2074 Cameo

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32032

Amount of Each Receipt this Period

181.12

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Ms Lynnette Seiler-Wirth

Mailing Address 117 Founders Ct.

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.31612

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gregory Seiple

Mailing Address 1102 Meily Street

City

Lebanon

State

PA

Zip Code

17046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Senior Consultant Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.32033

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on \$20 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

531.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City State Zip Code  
 Maumee OH 43537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR ManorCare Inc.

Occupation  
VP^ Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2630.78

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32037

Amount of Each Receipt this Period

1476.92

Bi-weekly payroll deducti-  
on \$218.46 /pay

**B.**

Full Name (Last, First, Middle Initial)

Marionlee J Specter

Mailing Address 5286 Sell Road

City State Zip Code  
 New Tripoli PA 18066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR ManorCare Inc.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.32041

Amount of Each Receipt this Period

140.00

Bi-weekly payroll deducti-  
on \$35 /pay

**C.**

Full Name (Last, First, Middle Initial)

Steven D Spencer

Mailing Address 1102 Towsley Ln

City State Zip Code  
 Ann Arbor MI 48105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR ManorCare Inc.

Occupation  
VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.31608

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2616.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Jane L Stilwell

Mailing Address 2351 S. Rogers

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Mobile Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32046

Amount of Each Receipt this Period

300.00

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Sherri L Stoltzfus

Mailing Address 119 East Manor Dr.

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.25

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32049

Amount of Each Receipt this Period

133.75

Bi-weekly payroll deducti-  
on \$20 /pay

**C.**

Full Name (Last, First, Middle Initial)

Ms. Victoria Strom

Mailing Address Route 1

City

Victoria

State

IL

Zip Code

61485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

MMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32052

Amount of Each Receipt this Period

165.00

Bi-weekly payroll deducti-  
on \$15 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

598.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32057

Amount of Each Receipt this Period

140.00

Bi-weekly payroll deducti-  
on \$20 /pay

**B.**

Full Name (Last, First, Middle Initial)

Cyndi K Taplin

Mailing Address 5405 Buttrick SE

City

Alto

State

MI

Zip Code

49302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32058

Amount of Each Receipt this Period

552.68

Bi-weekly payroll deducti-  
on \$75 /pay

**C.**

Full Name (Last, First, Middle Initial)

Ms Vicki Tomer

Mailing Address 500 Buckingham Place

City

Shorewood

State

IL

Zip Code

60431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.31672

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1692.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32067

Amount of Each Receipt this Period

307.00

Bi-weekly payroll deducti-  
on \$57 /pay

**B.**

Full Name (Last, First, Middle Initial)

Teresa A Weckle

Mailing Address 1000 Little Creek

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Director Business Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32072

Amount of Each Receipt this Period

280.00

Bi-weekly payroll deducti-  
on \$40 /pay

**C.**

Full Name (Last, First, Middle Initial)

Mark A Wilson

Mailing Address 140 Packet Drive

City

Charles Town

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32076

Amount of Each Receipt this Period

175.00

Bi-weekly payroll deducti-  
on \$25 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

762.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.34

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32078

Amount of Each Receipt this Period

344.70

Bi-weekly payroll deducti-  
on \$25 /pay

**B.**

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.89

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.32082

Amount of Each Receipt this Period

296.17

Bi-weekly payroll deducti-  
on \$42.31 /pay

**SUBTOTAL** of Receipts This Page (optional) .....

640.87

**TOTAL** This Period (last page this line number only) .....

44657.86



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Service Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.31579

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.15

**B.**

Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Service Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32191

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.55

**C.**

Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Service Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32192

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.80

**SUBTOTAL** of Disbursements This Page (optional) .....

63.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 67

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Credit Card Fees - Turner Byrd  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32205

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.65

**B.**

Full Name (Last, First, Middle Initial)  
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement  
Service Fees  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.32194

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.40

**SUBTOTAL** of Disbursements This Page (optional) .....

2.05

**TOTAL** This Period (last page this line number only) .....

65.55

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Mailing Address 14 Knightswood Dr.

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Contribution for event held May 24th

Candidate Name  
JOHN H. ADLER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.31617

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICA'S LEADERSHIP PAC

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution for event held June 3rd.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.31670

Date of Disbursement

05 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement  
Contribution

Candidate Name  
MICHAEL F BENNET

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CO District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.31596

Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ►

7000.00

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Charlie Crist for Governor

Mailing Address 10130 Northlake Blvd.  
Suite 214-311

City State Zip Code  
West Palm Beach FL 33412

Purpose of Disbursement  
Contribution for event held on June 30th.

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB23.31710  
Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Charlie Crist for Governor

Mailing Address 10130 Northlake Blvd.  
Suite 214-311

City State Zip Code  
West Palm Beach FL 33412

Purpose of Disbursement  
Contribution for event held on June 30th.

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB23.31712  
Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City State Zip Code  
Freedom PA 15042

Purpose of Disbursement  
Contribution for event held on June 1st.

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB23.31668  
Date of Disbursement

05 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 67

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
CONGRESSIONAL BLACK CAUCUS PAC

Mailing Address 227 Massachusetts Ave., NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution for event held May 19th

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.31628

Date of Disbursement

05 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
CONGRESSIONAL BLACK CAUCUS PAC

Mailing Address 227 Massachusetts Ave., NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution for event held July 23-25.

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.31705

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement  
Contribution for event held on June 29th

Candidate Name  
DANNY K DAVIS

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 07

Transaction ID: SB23.32210

Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 67

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b></p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Contribution.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23.31700  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 6 / 0 7 / 2 0 1 0</p> <p><b>Amount of Each Disbursement this Period</b>            2500.00</p> <p>012 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution for event held on June 23rd.</p> <p>Candidate Name EARL R. POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 00</p>	<p><b>Transaction ID:</b> SB23.31629  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 5 / 1 4 / 2 0 1 0</p> <p><b>Amount of Each Disbursement this Period</b>            1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution for event held on June 23rd.</p> <p>Candidate Name EARL R. POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 00</p>	<p><b>Transaction ID:</b> SB23.31630  <b>Date of Disbursement</b>            M M / D D / Y Y Y Y            0 5 / 1 4 / 2 0 1 0</p> <p><b>Amount of Each Disbursement this Period</b>            1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 67

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100 PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Contribution for event held on June 9th.</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.31690 <b>Date of Disbursement</b>  <div> <div>06</div> <div>02</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Iott for Congress</p> <p>Mailing Address 28276 Kensington Lane</p> <p>City Perrysburg State OH Zip Code 43551</p> <p>Purpose of Disbursement Contribution for event held May 14th.</p> <p>Candidate Name Mr. Richard Iott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.31623 <b>Date of Disbursement</b>  <div> <div>05</div> <div>12</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JIM RENACCI FOR CONGRESS</p> <p>Mailing Address 150 SMOKERISE DR</p> <p>City WADSWORTH State OH Zip Code 44281</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JAMES B RENACCI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.31726 <b>Date of Disbursement</b>  <div> <div>06</div> <div>23</div> <div>2010</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1500.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Moore For Congress

Mailing Address P.O. Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement  
Contribution for event held on 4/29.

Candidate Name  
Ms Gwen Moore

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.31594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution for event held on June 9th.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.31692

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Donation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.31586

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**5500.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A. Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Contribution for event held on June 9th.

Candidate Name

012  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.31694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
STIVERS FOR CONGRESS**

Mailing Address 81 S FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
Political Contribution on 6/4/10Candidate Name  
STEVE STIVERS011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.31699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
TIBERI FOR CONGRESS**Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
For event held on June 4thCandidate Name  
PATRICK J TIBERI011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: SB23.31595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 67

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Toomey For Senate

Mailing Address 2720 Jordan Road

City State Zip Code  
Orefield PA 18069

Purpose of Disbursement  
For event held on Apr 26th.

Candidate Name  
Mr. Patrick Toomey

Office Sought: ☐ House  
☒ Senate  
☐ President

State: PA District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** SB23.31601

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 123 NE 3RD SUITE 321

City State Zip Code  
PORTLAND OR 97232

Purpose of Disbursement  
For event held on May 25th.

Candidate Name  
RONALD LEE WYDEN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OR District: 00

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

**Transaction ID:** SB23.31650

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

42000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
Chris Marr for State Senate

Mailing Address P.O. Box 2025

City State Zip Code  
Spokane WA 99210

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.31627

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
Committee to Elect Joe Seng

Mailing Address 4804 Northwest Blvd.

City State Zip Code  
Davenport IA 52806

Purpose of Disbursement  
Contribution for event held June 14th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.31663

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
Corcoran for PA Senate Committee

Mailing Address P.O. Box 20090

City State Zip Code  
Scranton PA 18502

Purpose of Disbursement  
Check to elect Joe Corcoran 4/27.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.31585

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cownie for Statehouse

Mailing Address 686 58th Pl.

City State Zip Code  
West Des Moines IA 50266

Purpose of Disbursement  
Contribution for event held June 14th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31661

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dave Aronberg for Attorney General

Mailing Address P.O. Box 540872

City State Zip Code  
Greenacres FL 33454

Purpose of Disbursement  
Contribution for event held July 5th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31721

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Denise Grimsley Campaign

Mailing Address P.O. Box 822

City State Zip Code  
Lake Placid FL 33862

Purpose of Disbursement  
Contribution for event held on June 16th.

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Armond Budish	<b>Transaction ID:</b> SB29.31634 <b>Date of Disbursement</b>
Mailing Address 23240 Chagrin Blvd. Building 4	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 1 0</div> </div>
City Beachwood State OH Zip Code 44122	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name	<div> <div>1500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	<b>Transaction ID:</b> SB29.31603 <b>Date of Disbursement</b>
Mailing Address 323 West Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div>
City Media State PA Zip Code 19063	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution for event held on May 20th. Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Heard	<b>Transaction ID:</b> SB29.31643 <b>Date of Disbursement</b>
Mailing Address 87 South Hampton	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 1 0</div> </div>
City Columbus State OH Zip Code 43213	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name	<div> <div>500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Jay Goyal</p> <p>Mailing Address 810 Piper Rd.</p> <p>City Mansfield State OH Zip Code 44905</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.31641</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>750.00</div> </p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Jim Lykam</p> <p>Mailing Address 2906 W. 35th St.</p> <p>City Davenport State IA Zip Code 52806</p> <p>Purpose of Disbursement Contribution for event held June 14th.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.31664</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>250.00</div> </p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Friends of Linda Bolon</p> <p>Mailing Address 43 Pueblo Lane</p> <p>City Columbiana State OH Zip Code 44408</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.31648</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>500.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Matt Szollosi

Mailing Address 1660 Grand Bay Drive

City Oregon State OH Zip Code 43616

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.31635

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Senator Edd Houck

Mailing Address P.O. Box 7

City Spotsylvania State VA Zip Code 22553

Purpose of Disbursement  
Contribution for event held on June 8th

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.31580

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Tom Patton

Mailing Address 17157 Rabbit Run Drive

City Strongsville State OH Zip Code 44136

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.31587

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Hagenow for Iowa House

Mailing Address 1915 69th St.

City Windsor Heights State IA Zip Code 50322

Purpose of Disbursement  
Contribution for event held June 14th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31662

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kasich for Governor

Mailing Address P.O. Box 06590

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31598

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Skidmore Campaign

Mailing Address P.O. Box 2143

City Boca Raton State FL Zip Code 33427

Purpose of Disbursement  
Contribution for event held June 30th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.31717

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 67

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Maria Sachs Campaign	<b>Transaction ID:</b> SB29.31703 <b>Date of Disbursement</b>
Mailing Address 212 North East 1st Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 4 / 2 0 1 0</div> </div>
City Delray Beach State FL Zip Code 33444	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution for event held in June	<div>500.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pam Bondi for Attorney General	<b>Transaction ID:</b> SB29.31724 <b>Date of Disbursement</b>
Mailing Address 701 S. Howard Avenue Ste 106232	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 1 0</div> </div>
City Tampa State FL Zip Code 33606	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution for event held on July 5th.	<div>500.00</div>
Candidate Name	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Strickland for Governor	<b>Transaction ID:</b> SB29.32217 <b>Date of Disbursement</b>
Mailing Address 65 East State Street Suite 1800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 1 0</div> </div>
City Columbus State OH Zip Code 43215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sykes for Congress	<b>Transaction ID:</b> SB29.31649 <b>Date of Disbursement</b>																				
Mailing Address 133 Furnace Run Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
City Akron State OH Zip Code 44307	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Thede for Iowa Families	<b>Transaction ID:</b> SB29.31665 <b>Date of Disbursement</b>																				
Mailing Address 2343 Hawthorne Ct.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Bettendorf State IA Zip Code 52722	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution for event held June 14th. Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tom Corbett for Governor	<b>Transaction ID:</b> SB29.31709 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 3402	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Alexandria State VA Zip Code 22302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution for event held June 24th. Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 67

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ward for Senate

Mailing Address 4205 Oakwood Ln

City  
West Des Moines

State  
IA

Zip Code  
50265

Purpose of Disbursement  
Contribution for event held June 14th.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.31659

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

26250.00